

CLAIMS ONLY						Application Number <i>09/745883</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/	/	/	/	/	/	51					
2		/		/		/	52					
3				/		/	53					
4				/		/	54					
5		/		/		/	55					
6		/		/		/	56					
7		/		/		/	57					
8		/		/		/	58					
9	/	/	/				59					
10	/	/	/				60					
11	/	/	/				61					
12		/					62					
13		/					63					
14		/					64					
15							65					
16			/				66					
17			/				67					
18			/				68					
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38			/				88					
39			/				89					
40			/				90					
41			/				91					
42			/				92					
43			/				93					
44			/				94					
45			/				95					
46			/				96					
47			/				97					
48			/				98					
49			/				99					
50			/				100					
Total Indep	3		4		2		Total Indep					
Total Depend	11		12		14		Total Depend					
Total Claims	14		16		16		Total Claims					